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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT Application of:

VESCHI, Robert A.

Appl. S.N.: 09/574,820

Filing Date: May 19, 2000

Title: **PRIVATE DIALING PLAN FOR VOICE
ON A PACKET-BASED NETWORK**

Confirmation No. 1092

Attorney Docket: 2641-0003

Group Art Unit: 2667

Examiner: JONES, Preñell P.

Date: March 16, 2005

RESPONSE

Hon. Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated December 16, 2004, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

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In re Patent Application of:	Atty. Dkt. No.: 2641-0003
VESCHI, Robert A.	Group Art Unit: 2667
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Appln. No.: 09/574,820	Examiner: JONES, Prenell
Filed: May 19, 2000	Date: March 16, 2005
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**Name of paper being transmitted: Power of Attorney, Correspondence Address and
Revocation of Prior Powers; Amendment; Amendment Transmittal**

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Name: C. Allen	Signature: <u>C. Allen</u>	Date: March 16, 2005
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Davidson Berquist Jackson & Gowdey LLP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

VESCHL, Robert A.

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NETWORK**

Atty. Docket No.: 2641-0003

Confirmation No.: 1092

Group Art Unit: 2667

Examiner: JONES, Prenell

Date: March 16, 2005

REPLY/AMENDMENT/LETTER
TRANSMITTAL COVER SHEETHon. Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a reply/amendment/letter in the above-identified application and includes the attachments hereto. The signature below is treated as the signature to the attachments in the absence of a signature thereto.

FEE REQUIREMENTS

	<i>Claims remaining after amendment</i>		<i>Highest number previously Paid For</i>	<i>Present Extra</i>	<i>Rate: Large/Small Entity</i>	
1. Total	13	minus	20	*	= 0	X \$50 / \$25 = \$ 0
* If this number is less than 20, enter "20"						
2. Independent Claims	3	minus	3	**	= 0	X \$200 / \$100 = \$ 0
** If this number is less than 3, enter "3"						
3. If amendment enters multiple dependent claim(s) into this application for first time (leave this line blank if this is an reissue application)					\$360 / \$180 =	
4. Original due date: March 16, 2005						
				Check time period and enter appropriate fee		
5. Petition is hereby made to extend the <u>original</u> due date to cover the date this response is filed for which the requisite fee is:				<input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months.		\$120 / \$60 \$450 / \$225 \$1010 / \$510 \$1590 / \$795 \$2160 / \$1080 \$ 0
6. <input type="checkbox"/> Attached is a Petition/Fee under Rule No.					\$	
7. Other Fee for						
8. Total Fee Enclosed:					\$ 0	

*This is a 2 page form,
continued on next page . . .*

In re Patent Application of:
VESCHI, Robert A.

TRANSMITTAL COVER SHEET, PAGE 2

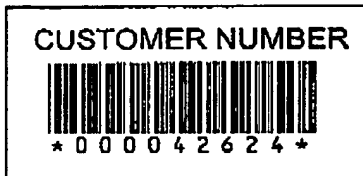
Appln. No.: 09/574,820

Confirmation Number: 1092

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Our Deposit Account No.: 501860 Our Order No. (Client-Matter No.):

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Respectfully submitted,

By:


Brian Siritzky
Registration No.: 37,497

Davidson Berquist Jackson & Gowdey LLP